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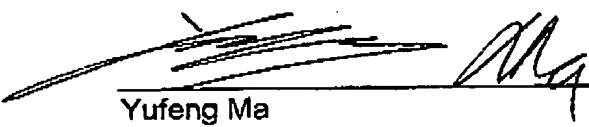
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TO:	Examiner Elda Milef	FAX NO.:	(571) 273-8300
FROM:	Yufeng Ma	USER ID:	8068
CLIENT:	1974	MATTER:	12688US01

Number of Pages This Transmission (Including Cover Page): 8

I hereby certify that the attached **TRANSMITTAL, FEE TRANSMITTAL, PETITION FOR A ONE-MONTH EXTENSION OF TIME and NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES** are being facsimile transmitted to the United States Patent and Trademark Office on November 15, 2005.


Yufeng Ma
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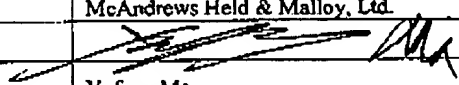
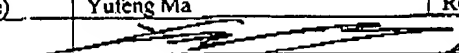
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PTO/SB/21 (09-04)

Approved for use through 7/31/2006

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TRANSMITTAL FORM (to be used for all correspondence after Initial filing)		Application Number	09/752,490
		Filing Date	12-28-2000
		First Named Inventor	David A. Rieger et al.
		Art Unit	2143
		Examiner Name	Elda G. Milef
Total Number of Pages in This Submission	8	Attorney Docket Number	12688US01
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	
		<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Return-Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):	
Remarks			
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm	McAndrews Held & Malloy, Ltd.		
Signature			
Printed Name	Yufeng Ma		
Date	November 15, 2005		
CERTIFICATE OF FAX TRANSMITTAL			
I hereby certify that this correspondence is being sent via facsimile to Examiner Elda G. Milef at the United States Patent and Trademark Office			
Name (Print/type)	Yufeng Ma	Registration No. (Attorney/Agent)	56,975
Signature		Date	11-15-05

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S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).**FEE TRANSMITTAL
for FY 2005**

Complete if Known

Application Number 09/752,480

Filing Date 12-28-2000

First Named Inventor David A. Rieger et al.

Examiner Name Elda G. Milet

Art Unit 2143

Attorney Docket No. 12688US01

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 310.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

☒ Charge Fee(s) indicated below☐ Charge Fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fees(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

Small Entity

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent

Fee(\$)

Fee(\$)

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

50

25

Multiple dependent claims

200

100

360

180

Total Claims	Extra Claims	Fee(\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee	Fee Paid (\$)
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-20 or HP x =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee(\$)	Fee Paid (\$)
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-3 or HP x =

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
--------------	--------------	--	---------	--------------

-100 /50 (round up to a whole number) x =

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

60.00

Other: One-Month Extension of Time

250.00

Notice of Appeal

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

58,976

Telephone

(312)775-8000

Name (print/type)

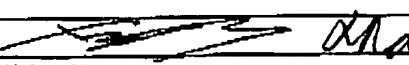
Yufeng Ma

Date

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Effective on 12/08/2004. Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4518). FEE TRANSMITTAL for FY 2005		Complete If Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number 09/752,490	RECEIVED CENTRAL FAX CENTER NOV 15 2005				
TOTAL AMOUNT OF PAYMENT (\$) 310.00		Filing Date 12-28-2000					
		First Named Inventor David A. Rieger et al.					
		Examiner Name Eida G. Milet					
		Art Unit 2143					
		Attorney Docket No. 12888US01					
METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____							
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>13-0017</u> Deposit Account Name: <u>McAndrews Held & Malloy</u> For the above-identified deposit account, the Director is hereby authorized to (check all that apply)							
<input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee							
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fees(s) <input checked="" type="checkbox"/> Credit any overpayments under 37 CFR 1.16 and 1.17							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES		SEARCH FEES		EXAMINATION FEES		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
							Small Entity
							Fee (\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent							25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent							100
Multiple dependent claims							180
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		
		-20 or HP	x	=	Fee		Fee Paid (\$)
HP = highest number of total claims paid for, if greater than 20							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
		-3 or HP	x	=			
HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof		Fee (\$)	Fee Paid (\$)		
	-100	/50	(round up to a whole number)	x	=		
				Fee Paid (\$)			
4. OTHER FEE (\$)							
Non-English Specification, \$130 fee (no small entity discount)							60.00
Other: One-Month Extension of Time							250.00
Notice of Appeal							
SUBMITTED BY							
Signature				Registration No. (Attorney/Agent)	56,975	Telephone	(312)775-8000
Name (print/type)	Yufeng Ma			Date	11-15-2005		